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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT**

Application Number	09/899,523
Filing Date	July 5, 2001
First Named Inventor	Winter
Art Unit	1745
Examiner Name	Siefke, Samuel P.
Attorney Docket Number	POW-001342

**To: Commissioner for Patents
Washington, DC 20231**

I hereby apply to withdraw as attorney or agent for the above identified patent application.


The reasons for this request are:

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<input checked="" type="checkbox"/> Firm or Individual Name	TESTA HURWITZ AND THIBEAULT, LLP				
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- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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22876

Name Jody L. Sackor

PATENT TRADEMARK OFFICE

Signature [Signature]Date 5/12/03NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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